

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101565,767

FILING DATE

01-24-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3			1		1	
4				1		1
5			2		2	
6						
7						
8						
9			2		2	
10						
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18						1
19						1
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49						
50						
TOTAL IND.		↓	2	↓	2	↓
TOTAL DEP.		←	2	←	18	←
TOTAL CLAIMS			4		20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						